

Anthony Joseph Burgos

FULL NAME

COMMITTED NAME (if different)

9500 Etiwanda Ave

FULL ADDRESS INCLUDING NAME OF INSTITUTION

Rancho Cucamonga Ca,
91739

PRISON NUMBER (if applicable)

SC# 15(wvdc) 1511340725

FILED
CLERK, U.S. DISTRICT COURT

MAR 10 2016

CENTRAL DISTRICT OF CALIFORNIA
BY (AP) DEPUTY

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

Anthony J Burgos

PLAINTIFF,

CASE NUMBER

CV16-00429-JFW(AS)

To be supplied by the Clerk

CIVIL RIGHTS COMPLAINT
PURSUANT TO (Check one)

42 U.S.C. § 1983

Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: Yes No
2. If your answer to "1." is yes, how many? 1

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

On Sept 19, 2014 I Was a

Victim Of a Battery By A Deputy Of the
San Bernardino Sheriffs Department... On the
19th Of September, I Was In Custody And housed
In "West Valley Detention Center", In Rancho
Cucamonga Ca. I've Been In Max Custody And
Early Morning Hours, I Was Supposse to Appear
In front Of a Judge, when Deputy Alejandro
Barrero Slap Me Across the Head And
Started force fully Pushing me Down a Hallway.

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CLERK, U.S. DISTRICT COURT

MAR - 9 2016

CENTRAL DISTRICT OF CALIFORNIA
BY (AP) DEPUTY

1 Before We Are Escorted to Court
2 We Are Hand-Cuffed to A 5-Man
3 Chain, put On A Bus And transported
4 To The Courthouse.

5 Being that Im a High-Custody Inmate
6 I'm transported with a "Black-Box",
7 And Shackles At My Ankles. However
8 Upon Arrival Of Rancho Cucamonga,
9 Court house Were Lead Off The Bus Into
10 A Hallway, Were We Are Lined Up
11 So The Deputy's Can Uncuff Us And
12 Send Us To Our Assigned Areas..

13 Being I Am High Custody, Inmates Of
14 My Level Are put In Single man-cells.
15 Well After the Other Inmates Were taken
16 Off the Chain with me Is when the
17 punishment started happening.

18 Deputy Barrero, Alejandro Starting
19 Shoving me Extreamly Hard, "forcefully"
20 Were at One point stop me In the
21 Middle Of The Hallway, purposely stepped
22 On my Leg-Shackles And pushed me
23 forward.

24 Im still "Black-Boxed" At my waste
25 So the Impact Of my fall Was "Brutal",

1 And, Very painful...

2 It Caused Me (2) fractures And a
3 Broken Nose...

4 Because Of My Injuries, I Needed
5 Medical Attention, Therefore The
6 fire Department And Ambulance Were
7 Called And I was put On a stretcher &
8 placed In the Back Of the Ambulance
9 Before San Bernardino County Sheriffs
10 Given the Authorization And taken me
11 Into their Custody , placing me In the
12 Back Of a Sheriff Vehicle.

13 After I Was placed Behind the Vehicle,
14 I Was than transported to (W.V.D.C)
15 The County facility, And was Seen By
16 The Medical personal, In the Infirmary...
17 Examinations(X-Rays) Have Been taken
18 Therefore Confirming my "Injuries"
19 (2) fractures And A Broken Nose...

20 About 1 - hour Later, I Was then
21 Transported to "Arrowhead Regional medical
22 Center", hospital In COTTON, CALifornia .

23 They Confirm My Injuries, But Stated
24 Nothing Could Be Done, Because Of Blood
25 Clogs. Back to County Jail I Was taken.

1 I than Soon Submitted And Ex-
2 -hausted All My Grievances from
3 Sept 19th 2014 Incident.

4 In October 2014 Internal Affairs had
5 Come And Question Me About Said In-
6 -Cident And I was told They Would Get
7 In-Contact with me But Never Did.

8 Nov 2015 I have taken It Upon My-
9 self to Contact Internal Affairs And
10 was told, there Is Video Surveillance, photo-
11 graphs On this Incident".

12 Around Or About Sept 23rd to A-
13 bout the 30th, I had went to Court And
14 Informed My Judge to put On Record I
15 Was a Victim, Therefore to please Save
16 All photographs And Surveillance footage,
17 On this Incident...

18 I Now state that I have had My
19 8th Amendment Violated Of Cruel & Unusual
20 punishment Causing Me Injuries...

21 These Are facts And What had
22 Taken place On September 19, 2014
23 Hoping the Courts Will Help And
24 Understand that this Act Of Violence

1 Compensation for My Injuries,
2 Pain And Suffering

3 Sincerely

4 Burgos Anthony
5 Completed 2.26.16

a. Parties to this previous lawsuit:

Plaintiff

Anthony Joseph Burgos

Defendants Alejandro Barrero Of the San Bernardino Sheriff's Department...

b. Court United States District Court
Los Angeles California 90012

c. Docket or case number

d. Name of judge to whom case was assigned

e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?) Bearly starting

f. Issues raised: 8th Amendment Violation...

"Cruel And Unusual Punishment" Causing Injuries By a Sheriff Deputy, Alejandro Barrero

g. Approximate date of filing lawsuit: 2-26-16

h. Approximate date of disposition N/A

B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? Yes No

2. Have you filed a grievance concerning the facts relating to your current complaint? Yes No

If your answer is no, explain why not N/A

3. Is the grievance procedure completed? Yes No

If your answer is no, explain why not N/A

4. Please attach copies of papers related to the grievance procedure. Grievance # 1434609198/P# 8625-11

C. JURISDICTION

This complaint alleges that the civil rights of plaintiff

Anthony Joseph Burgos

who presently resides at 9500 Elsinanda Ave Rancho Cucamonga Ca
(print plaintiff's name)
(mailing address or place of confinement)

were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at

* Rancho Cucamonga Ca, Court House *
(institution/city where violation occurred)

on (date or dates) Sept 19th 2014 _____
(Claim I) _____ (Claim II) _____ (Claim III) _____

NOTE: You need not name more than one defendant or allege more than one claim. If you are naming more than five (5) defendants, make a copy of this page to provide the information for additional defendants.

1. Defendant San Bernardino County Sheriff's Dept. resides or works at
(full name of first defendant)

Sheriff Deputy Rancho Cucamonga Courthouse
(full address of first defendant)
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

"Unprofessional," Violating My 8th Amendment
Cruel And Unusual Punishment' Causing Injuries

2. Defendant Alejandro Barrero resides or works at
(full name of first defendant)

San Bernardino Sheriff
(full address of first defendant)
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

While Working Under Color Of Law He Violated My
8th Amendment, Cruel & Unusual Punishment Causing Injuries !

3. Defendant _____ resides or works at
(full name of first defendant)

(full address of first defendant)
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

4. Defendant _____ resides or works at
(full name of first defendant)

(full address of first defendant)

(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

5. Defendant _____ resides or works at
(full name of first defendant)

(full address of first defendant)

(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): individual official capacity.

Explain how this defendant was acting under color of law:

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D. CLAIMS***CLAIM I**

The following civil right has been violated:

On Sept 19th, 2014, I had My 8th Amendment Violated By Being Injured By Deputy "Alejandro Barrero" who purposely Stepped On my Legs shackles And push me forward Causeing me to Land face first Into Cement floor.
Violation Of the Amendment, "Cruel And Unusual Punishment, Is A Brutal Act And Very Unprofessional Of a Deputy, who By Law Is to Serve And protect, Went Out Of his Way And performed his Duties Very Unprofessional...
Therefore, the Lack Of his Unprofessionalism I suffered a Broken Nose And (2) fractures In which He Violated My 8th Amendment Right...
"Cruel & Unusual Punishment"

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

<u>① Video Surveillance</u>	<u>(Sept 19th 2014)</u>
<u>② Medical (X-Rays)</u>	<u>(Sept 19th 2014)</u>
<u>③ Photographs</u>	<u>(Sept 19th 2014)</u>

On Sept 19th 2014, I had Been a Victim And the following (3) Items Listed Are Actual facts... This Incident had taken place In Rancho Cucamonga Courthouse. Deputy Alejandro Barrero "forcefully" And physically Caused me harm my Stepping On my shackles And pushing me forward Causeing me to Land On my face. There Is Video Surveillance On Upon Act, photographs Taken After Injuries. (X-RAYS) to Confirm Injuries from Sept 19th, 2014.

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

Compensatory & Punitive Damages Caused By
Deputy Alejandro Barrero, Sheriff Of San
Bernardino County. *

for All Medical Expenses And Coverages.
I still have NOT yet had the (\$) for fixing
My Nose. I've Suffered a Sleeping Disorder, Loud
Snoring, Constant Wakes, Tossing & Turning...
Headaches, Dizziness, Black-Outs And trouble
Seeing. *

This has Caused Me a Ton Of stress, Breathing
troubles, I Only Breath Out Of(1) Nostril.

Violation Of my 8-th Amendment Of Corel And
Unusual punishment Causing "Injuries" By Using
Excessive force.

I Believe Im Entitled To The Following Reliefs
Compensation for My Mental & physical Well
Being.

I also Believe Based On His Lack Of Dutys And
His Brutality He had Committed, that he would
Be Relieved Of His position And Dutys As a Sheriff
Officer. He's Capable Of hurting Any Body And To per-
Vent Any further Incidents I Ask This Be taken
In-to Consideration.

Furthermore I Ask that My Compensation Be
Acknowledged And Granted Based On His performance
And Duties.

In Right, Wrong Or Indifferent I Want him
Held Accountable for His Actions.

February 26th 2016 Alejandro Burgos
(Date) (Signature of Plaintiff)

**AUTHORIZATION FOR RELEASE AND/OR
DISCLOSURE OF MEDICAL INFORMATION**

Please REQUEST medical information FROM:

West Valley Detention Center

Name of Health Care Provider

9500 Etiwanda AvenueStreet Address Rancho Cucamonga, CA 91739

City, State, and Zip Code

Please SEND medical information TO:

Correspondance Clerk312 N. Spring Street Rm G-8Los Angeles Ca, 90012

I hereby authorize West Valley Detention Center to release and/or disclose the medical information as indicated below to the health care provider, entity, or person I have indicated above.

Release and/or disclose records and information regarding:

Anthony Joseph Burgos

Patient's Name (Also list other names used)

1408340661N/A570-85-9139

SSN

7-30-85

Date of Birth

DURATION: This authorization shall become effective immediately and shall remain in effect until 2-26-17 (enter date) or for one year from the date of signature if no date entered.

REVOCATION: This authorization may be revoked in writing by the undersigned at any time prior to the release of information from the disclosing party. Written revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

REDISCLOSURE: I understand that the requester may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless disclosure is specifically required or permitted by law.

**SPECIFY
RECORDS TO BE
RELEASED
AND/OR
DISCLOSED:**

Check the box and initial which type of information is to be released and/or disclosed:

 General Medical Information (from 9/19/14 to 11/21/14) Information regarding Specific Injury or Treatment (from 9/19/14 to 11/21/14) X-Ray (check one or both): Films Reports Laboratory Results Mental Health (from _____ to _____)

Signature of Patient or Patient's Representative

Date

 Alcohol / Drug (from _____ to _____)

Signature of Patient or Patient's Representative

Date

 HIV Test Results (from _____ to _____)

Signature of Patient or Patient's Representative

Date

 Other (specify): _____

Signature of Patient or Patient's Representative

Date

I request that the health information released and/or disclosed pursuant to this authorization be used for the following purposes only:

Civil Law Suit

A copy of this authorization is valid as an original. I have a right to receive and keep a copy of this authorization.

2-26-16 Anthony J. Burgos
 Date Signature of Patient or Patient's Representative

Indicate Relationship (if signed by other than patient)

West Valley Detention Center • Attn: Medical Clinic • 9500 Etiwanda Ave • Rancho Cucamonga, CA 91739 • Phone: (909) 463-5085 • Fax: (909) 463-5095
 Glen Helen Rehabilitation Center • Attn: Medical Clinic • P.O. Box 9490 • San Bernardino, CA 92427 • Phone (909) 473-2503 • Fax (909) 473-2643
 Central Detention Center • Attn: Medical Clinic • 630 E. Rialto Ave. • San Bernardino, CA 92415 • Phone: (909) 386-0912 • Fax: (909) 386-0939
 High Desert Detention Center • Attn: Medical Clinic • 9438 Commerce Way • Adelanto, CA 92301 • Phone (760) 530-9363 • Fax (760) 246-4628

**San Bernardino County Sheriff's Department
Health Services Division**

**INMATE PERSONAL MEDICAL RECORDS
PROCEDURE & ACKNOWLEDGEMENT OF FEE**

Requests for medical records for personal use will be processed if the following conditions are met:

- 1) You have completed and signed an *Authorization for Release and/or Disclosure of Medical Information* form
- 2) You must have at positive balance of \$16.00 on your books
- 3) This form signed and returned with the *Authorization for Release and/or Disclosure of Medical Information* form

A copy of your records **will be placed in your property** and your account will be debited for \$16.00.

If you prefer to have your personal physician or other licensed care provider request your medical records for the purpose of continuing your medical care, copies will be mailed to your care provider at no charge.

You may also request your medical records through your attorney by obtaining an authorization form provided by your attorney's office. Your medical records will be mailed to your attorney with no immediate charge to you.

Inmates who are pro per may have a copy of their records while housed at WVDC if they complete and sign a release form. The \$16.00 charge applies.

Please resubmit with the following:

- Authorization completed and signed
- A balance of \$16.00 on your books
- This form must be signed and returned to Medical Records acknowledging that you are aware of the \$16.00 copy fee for your personal medical records

Inmate Signature

Burgos

Date

2.26.16



**SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
DETENTION AND CORRECTIONS BUREAU**

- CDC
- GHRC
- HDDC
- WVDC
- Type I
- Work Release

INMATE GRIEVANCE INVESTIGATION

Date February 3, 2015Grievance # 1434G09198/P# 8625-11Inmate's Name Anthony BurgosBooking # 1408340661Investigation Conducted By Sergeant B. ZeiglerEmployee # Z0096

SUMMARY OF COMPLAINT AND FINDINGS

Burgos submitted a grievance and alleged Deputy Alejandro Barrero used unreasonable force on him at the Rancho Cucamonga Courthouse.

An administrative investigation was conducted by Sheriff's Internal Affairs Division.

ACTION TAKEN

The allegation Deputy Barrero used unreasonable force has been "SUSTAINED."

Reviewed By Chin-fish Cyprus Fisher Approved By S. J. [Signature]
Duty Lieutenant Facility Administrator

Written reply given to inmate on: _____ At: _____ By: _____
Date: _____ Time: _____ Print Name: _____

This complaint has been discussed with me and I have been advised of the findings.

Inmate Signature

Date

 Original: Inmate's Booking Jacket Copy: Inmate Copy: Administration

JOHN McMAHON, SHERIFF-CORONER.



January 29, 2016

Anthony Burgos BK# 1511340725
West Valley Detention Center
9500 Etiwanda Avenue
Rancho Cucamonga, CA 91739

Dear Mr. Burgos:

Your letter was received at the San Bernardino County Sheriff's Internal Affairs Division and has been reviewed. According to California Penal Code §832.7, and other sections of the California Government Code, the investigation into your complaint is considered confidential. This restricts our ability to disclose specific details of our investigation. The department is limited to providing you with only the determinations specific to your matter.

However, you are welcome to submit a public records request for the photographs, surveillance video and copies of prior grievances you desire. This request can be sent to the San Bernardino County Sheriff's Department Civil Liabilities Division at the following address:

San Bernardino County Sheriff's Department
Civil Liabilities Division
P.O. Box 569
San Bernardino, CA 92402-0569

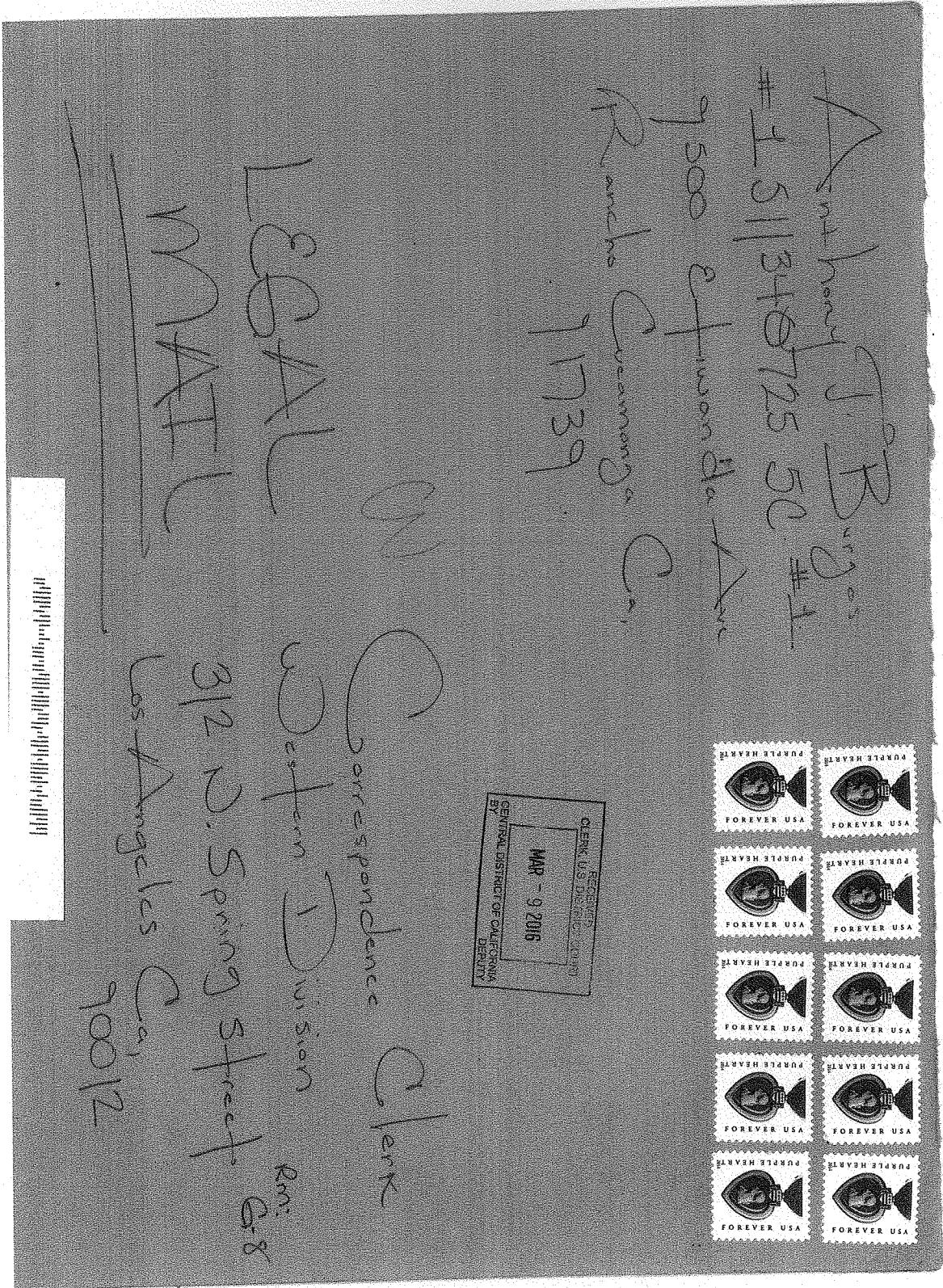
Additionally, any legal correspondence pertaining to your matters can also be directed to the Civil Liabilities Division.

Sincerely,

JOHN McMAHON, SHERIFF-CORONER

By: Shelley Krusbe, Sergeant
Internal Affairs Division
(909) 387-3726

JM:SK



MILWAUKEE 63829